

## Overview

### Scoring process

OHA subject matter experts reviewed each project against the [TQS guidance document](#) for each component assigned to that project.

- Reviewers assigned a separate score of 0–3 for relevance, detail and feasibility.
- Relevance scores of zero mean the project did not meet the component-specific requirements; for these projects, detail and feasibility will automatically also score a zero.
- Relevance, detail and feasibility scores were summed for a total possible component score of 9.
- If a CCO submitted multiple projects for a component, scores were averaged to create a final component score.

### How scores will be used

CCO scores will provide OHA with a snapshot of how well CCOs are doing in component areas. The scores will help OHA see what improvement is happening and identify areas of technical assistance needed across CCOs. [Individual CCO scores and written assessments will be posted online.](#)

### How to use this feedback

This assessment should be used by the CCO to update TQS projects for 2022 TQS submission to ensure quality for members, including access and service utilization, while also continuing to push health system transformation to reduce health disparities across the CCO's service area.

## Background

As part of a CCO quality program, the TQS includes health system transformation activities along with quality activities to drive toward the triple aim: better health, better care and lower cost. As part of 438.330 CFR, Quality Assessment Performance Improvement (QAPI), CCOs will submit the annual look-back across TQS components and provide analysis with a plan (that is, a TQS project) to improve each component area. The TQS highlights specific work a CCO plans to do in the coming year for the quality and transformation components. It is not a full catalog of the CCO's body of work addressing each component or full representation of the overall quality program a CCO should have in place.

## Next steps

- **Feedback calls with OHA** – CCOs can request an optional call with OHA by emailing [Transformation.Center@dhsoha.state.or.us](mailto:Transformation.Center@dhsoha.state.or.us). During the call, OHA will walk through this written assessment and answer any questions. Calls are available in June and July.
- **Resubmissions** – OHA will not be accepting resubmissions to ensure transparency across the original TQS submission and resulting written assessment. Feedback from the written assessment and feedback calls are intended to help CCOs focus on ways to improve projects and documentation in future submissions.
- **What will be posted** – OHA will post each CCO's entire TQS submission (sections 1, 2 and 3) — or redacted version, if approved by OHA — along with written assessment and scores no sooner than August 1.

CCO TQS assessment		
Component scores		
Average score	# of projects	Component
9	1	Access: Cultural Considerations
7	2	Access: Quality and Adequacy of Services
7	1	Access: Timely
6	1	Behavioral Health Integration
9	4	CLAS Standards
5	1	Grievances and Appeals System
9	1	Health Equity: Cultural Responsiveness
9	1	Health Equity: Data
5	1	Oral Health Integration
9	1	Patient-Centered Primary Care Home: Member Enrollment
9	1	Patient-Centered Primary Care Home: Tier Advancement
5.5	2	Severe and Persistent Mental Illness
9	1	Social Determinants of Health & Equity
6	1	Special Health Care Needs
3	2	Utilization Review
<b>107.5</b>		<b>TOTAL TQS SCORE</b>

**Project scores and feedback**

**Project ID# 87: Increase Access to Assertive Community Treatment (ACT) or Alternative, Intensive, Community-based Services**

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	3	3	2	8

**OHA review:** Project clearly describes a plan to improve access and quality and appropriateness of services, fully addresses access needs based on the target population and addresses the accessibility needs of these members. This project is continued and modified from last year. Meaningful data is provided and the shift in focus is clearly explained including the specific changes and why they were made. Prior year assessment, project context and rationale are clearly described in detail including progress to date. The target and benchmark for this activity seem doable and likely to show progress over time.

**OHA recommendations:** This is a continued project, but only one long-term activity is described. Including a relevant, short-term, small-scale activity may have added benefit in moving the project forward.

**Project ID# 88: Language Access Plan**

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	3	3	3	9

CLAS standards	3	3	3	9
<p><b>OHA review:</b> This project clearly demonstrates efforts to promote access and delivery of services in a culturally competent manner to members, specifically members with limited English proficiency. EOCCO is continuing activities to fully identify the cultural and linguistic needs of its membership for other service delivery types and to further refine and modify activities already in place. This project describes a detailed prior year assessment of access and cultural considerations and sufficient justification for the project selected. This is a continued project and the progress to date is sufficiently detailed with updates to both activities and targets/benchmarks. Targets, benchmarks and data sources are mostly feasible as described. SMART objectives are utilized. Modifications to the project and activities and targets/benchmarks are explained. Activities align with the component and seem likely to make progress in addressing identified gaps.</p> <p><b>OHA recommendations:</b> Reviewer would like to see the ISPEAK cards pilot within one medical clinic increase to at least five. Details on the type of provider chosen would be helpful (assuming physical health clinic).</p>				

Project ID# 89: Access to Initial Behavioral Health Assessment within Seven Days				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Timely	3	2	2	7
<p><b>OHA review:</b> The project clearly describes a plan to improve timely access to services and demonstrates oversight of its provider network to monitor and address compliance. Minor clarifying details would have been helpful. It isn't clear how EOCCO defines a "comprehensive behavioral health services provider" or the number of these providers who were included in this reporting group. There is a somewhat detailed prior year assessment of timely access component and some justification for the project selected in the project rationale. The progress to date is somewhat detailed with updates provided.</p> <p><b>OHA recommendations:</b> Include the definition and number of providers included. This project only includes one activity. Addressing another meaningful activity could have moved the project forward in a more productive and timely fashion.</p>				

Project ID# 90: Behavioral Health Integration within EOCCO Primary Care Clinics				
Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	2	2	2	6
<p><b>OHA review:</b> Not all components of integration are made clear. Activities are adequate to meet goals of project.</p> <p><b>OHA recommendations:</b> Provide more details in monitoring activities. Refer to Project IMPACT, which is a gold standard for BHI. Providing data on specific health disparities experienced by EOCCO members would add value to this project.</p>				

Project ID# 91: Health Equity Improvement and Stratification				
Component	Relevance score	Detail score	Feasibility score	Combined score

CLAS standards	3	3	3	9
Health equity: Data	3	3	3	9

**OHA review:** Appropriate level of follow-up from what has happened during the last year (barriers due to COVID and steps taken). Analysis provided is great. Details on the activities are appropriate and clearly state the CCO’s areas of focus with this project. Activities and monitoring activities are appropriate. Great use of data.

Project ID# 92: Culturally Responsive Services by Community Health Workers				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Health equity: Cultural responsiveness	3	3	3	9

**OHA review:** Good overview of challenges due to pandemic response. Description/understanding of the traditional health worker model is appropriate. The addition of the survey to clinics and community partners is a good strategy. Good level of detail and background information. Activities and monitoring are appropriate and will clearly strengthen the THW model in the CCO service area. Excellent CLAS project.

Project ID# (new): Behavioral Health Screenings in Dental Offices				
Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	1	2	2	5

**OHA review:** This is great work to be doing and the justification is clear, but it’s missing some pieces of the TQS OHI component requirements. Need clearer link to how this allows members to access oral health care outside of the traditional dental office. No mention of how HIT is incorporated. Need more explanation of how this improves oral health. It’s unclear how project fits into larger OHI work of the CCO (prior year assessment for OHI). Activities not as clearly linked to OHI.

**OHA recommendations:** Reviewer encourages CCO to continue the project, with additional explanation and activities to address the missing pieces above. Also consider adding more details for the pilot project activity, which will make it more clear how feasible it is (pilot project merges several activity steps into one line).

Project ID# 94: Technical Assistance for PCPCHs				
Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Member enrollment	3	3	3	9
PCPCH: Tier advancement	3	3	3	9

**OHA review:** This project fully addresses the PCPCH components. Overall good descriptions of project context and progress to date with targets/benchmarks that are relevant and achievable.

Project ID# 95: 3-day Follow-up Post Emergency Department (ED) Visit				
Component	Relevance score	Detail score	Feasibility score	Combined score

Serious and persistent mental illness	3	2	2	7
<p><b>OHA review:</b> Great “no wrong door” approach, and daily meetings keep up with the needs. Practical topic that aligns with priorities in other service expectations, such as CCO 2.0 contracts. Reasonable goals to make changes. Measurement does not meet essential expectations for CCO contract functioning.</p> <p><b>OHA recommendations:</b> Include at least preliminary analysis about population needs or implementation strategies to meet those identified needs, such as who is best to intervene. Although measurement and goals are feasible, the aim should be to meet full contract expectations.</p>				

Project ID# 96: Improving the Utilization and Impact of Frontier Veggie Rx				
Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	3	3	9
<p><b>OHA review:</b> Project clearly defines member and community partner engagement and meets all five SDOH-E component-specific requirements. Adjustments made to COVID were explained in detail. Another strength is identifying barriers, such as the lack of providers in Sherman County and efforts to address those barriers.</p> <p><b>OHA recommendations:</b> Given utilization has increased when vouchers are mailed rather than picked up, is there an opportunity for the CCO to continue that practice after COVID? Within the CHW activity, does the tracking system include referral to general resources or warm handoffs? If it’s not already happening, is there an opportunity to refer individuals to local organizations that can help fill out applications for long-term supports such as SNAP and WIC, or have the CHW assist with that?</p>				

Project ID# (new): Additional Support and Care Coordination for Members with Special Healthcare Needs				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Serious and persistent mental illness	1	1	2	4
Special health care needs	3	1	2	6
<p><b>OHA review:</b> Project fully addresses CLAS component.</p> <p>(SPMI) Project doesn’t meet minimum targets of the CCO 2.0 contract, which include screening and intervention (in addition to population identification and translation). Prioritizing these populations should be the goal for services as indicated for higher needs through screening and intervention during the pandemic, not postponed by it, due to higher levels of severe reactions to COVID. Measurements appear to be baseline for an essential CCO contract area. Chosen data sources are reliable and accessible.</p> <p>(SHCN) Project is relevant to CCO contract objectives and goals to serve population with SUD, SPMI, I-DD with ICC outreach and culturally relevant approaches. Strong rationale. Performance evaluation needs improvement. Project should start year one with baseline metrics and have intention to see health improvements from this project as required of a SHCN project. Feasibility will be clearer with improvements in the monitoring activity detail as noted below. Project has importance and relevance to impacting SHCN of targeted populations.</p>				

**OHA recommendations:** (CLAS) Consider adding an activity to include notification and expectations regarding language access with providers.

(SPMI) Include objectives for screening and interventions based on population needs to meet CCO contract expectations.

(SHCN) Monitoring activities need to include specific measurable actions and some longer-range outcomes.

- Monitoring activity 1 should track contract-required referral processes for this population
- “Evaluate current data” is not a measurable activity. SMART objectives and benchmarks might be:
  - Ensure 90% of identified populations have documented referrals by 12/30/2021.
  - Track attendance at scheduled behavioral health appts for targeted population by monitoring provider billing in calendar year.
  - Improve % of members attending scheduled appts by 50% in 2021 over documented attendance in 2020.
- Document and target ICC referrals from outreach and report/benchmark this activity. You can’t improve if you don’t have a target number.
- Add a monitoring activity that focuses on the longer-term outcomes and metrics that will show improvement — what are the longer-term goals of outreach (reducing hospitalizations, reducing crisis situations)?

**Project ID# 98: Impacting Acute Incidents Resulting from Negative Member Outcomes through Care Coordination**

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	1	1	1	3

**OHA review:** More detail is needed to clearly relate these utilization management strategies to quality of care. More detail is needed to define the care coordination activities the CCO is considering implementing as follow up action to ED/hospital admission. The workflows are discussed at a very high level. More detail is needed to explain the chosen direction (for example, lessons learned from the previous years, as this is a continuing project).

**OHA recommendations:** Provide more details as described above. Describe how the work in Activities 1 and 2 tie in with Activities 3 and 4 (what information from those reports will be used specifically to drive the development of care coordination interventions?). Use SMART objectives for Activities 2–4. Please define specific targets and benchmarks for those activities. An approach to consider for Activity 3 might be to set targets and benchmarks for the percentage of members with two or more trigger diagnoses contacted by care coordination and engaged in care coordination services. For Activity 2, how much is the CCO aiming to improve ED and IP hospital utilization rates for members with multiple readmissions? If Activity 3 is dependent upon Activity 2, it does not seem feasible that the benchmark date for Activity 3 coincides with the target date for Activity 2.

**Project ID# 99: Improving the Accessibility of Hepatitis C Care**

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	2	2	2	6

Grievance and appeal system	1	2	2	5
Utilization review	1	1	1	3

**OHA review:**

(Access) This project clearly describes a plan to improve access, quality and appropriateness of services and addresses three key factors of realized access: availability, accessibility and accommodation. EOCCO shows commitment in promoting HCV awareness, screening and treatment. This is a continued project, but some details were missing in the prior year assessment, such as an update on measuring the availability of testing through area providers and public health departments to identify gaps. EOCCO addressed improvements to its internal process for monitoring grievances and appeals data to redirect members seeking care and eliminate barriers to HCV services, but no data was provided to demonstrate progress. Currently there is little baseline information available on the four activities described, though monitoring activities seem reasonable, targets and benchmarks are somewhat feasible and SMART objectives are somewhat utilized.

(Grievance and appeal system) The CCO provides narrative data, but this isn't cross walked with grievance and appeals data (although they do mention there were no complaints or appeals re: HIV services during 2020). EOCCO's quarterly G&A system reports show NOABDs were issued during 2020 for this issue — a chart of that data would be helpful. This is an important issue to address.

(Utilization review) Project as written does not directly address how utilization management in this area improves quality of care. The mechanisms to detect utilization of HCV services and actions that will occur as a result of under/overutilization of those services is not clearly defined in the project as written.

**OHA recommendations:**

(Access) Include more details and data as described above (prior year assessment, progress data, baseline.

(G&A) Include more details about 1) how the CCO intends to monitor the complaints and appeals for this issue; 2) what G&A data will be monitored, and 3) how and where will it be reported out. Consider bringing back the activity (discontinued from prior year) to identify the prevalence of HCV in the CCO's service area. It is estimated that half of all HCV infections go unreported. Data on such things as regularly reported cases of hepatitis C virus infections (encounter data, ICD-10 codes) with age breakdown, HIV co-infection deaths, racial and ethnic hepatitis C disparities in Oregon, etc. would have been interesting and meaningful to track.

(Utilization review) More detail is needed to explain how the grievance and appeal process relates back to HCV service utilization. Was the CCO seeing trends around denials for HCV services resulting in G&As by members? Please expand on the survey methodology to be used (what response rate will provide a representative sample of barriers to HCV services? will the survey be quantitative or qualitative and how will the results be analyzed?). Use SMART objectives throughout the activities. Activity 1: Since the provider survey is a foundational activity, include more detail regarding timelines specific to survey development, implementation, and analysis. Activity 2: Please describe how this data will be gathered and maintained over time. Activity 3: What data set is being used to determine the needs of members regarding screening for HCV?